

POSITION

INITIALS

ID NO.

DATE

**FEE DETERMINATION**  
**O.I.P.E. CLASSIFIER**  
**FORMALITY REVIEW**  
**RESPONSE FORMALITY REVIEW**

100-22-64

100-22-64

100-22-64

**INDEX OF CLAIMS**

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Rejected N  
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Canceled A  
Restricted O

Non-elected  
Interference  
Appeal  
Objected

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If more than 150 claims or 10 actions  
staple additional sheet here